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## **EXHIBIT "A"**

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## Charge Presented To: Agency(ies) Charge No(s): CHARGE OF DISCRIMINATION **FEPA** This form is affected by the Privacy Act of 1974. See enclosed Privacy Act 440-2024-00200 Statement and other information before completing this form. **EEOC** Illinois Department of Human Rights and EEOC State or local Agency, if any Name (indicate Mr., Ms., Mrs., Mx.) Home Phone (Incl. Area Code) Date of Birth Mr. Tyler Norasingh Street Address City, State and ZIP Code **Email Address** Street Address City, State and ZIP Code **Email Address** c/o Mohammed Badwan, Sulaiman Law Group, 2500 S. Highland Ave., #200, Lombard, IL 60148 mbadwan@sulaimanlaw.com Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.) Phone No. (Include Area Code) No. Employees, Members (888) 928-0212 Rosecrance, Inc. 15+ City, State and ZIP Code Email Address Street Address Rockford, IL, 61103-6746 605 Mulberry Street Imioni@rosecrance.org No. Employees, Members Phone No. (Include Area Code) Name 15+ Street Address City, State and ZIP Code **Email Address** DISCRIMINATION BASED ON (Check appropriate box(es).) DATE(S) DISCRIMINATION TOOK PLACE RACE COLOR RELIGION NATIONAL ORIGIN 4/2023 4/2023 RETALIATION DISABILITY GENETIC INFORMATION **CONTINUING ACTION** OTHER (Specify below.) THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I, Tyler Norasingh, was hired at Rosecrance, Inc. as a recovery specialist on or about March 16, 2023, until I was unlawfully terminated on or about April 11, 2023, on the basis of my disability. I have a physical/mental impairment that substantially limits major life activities. Regardless of my disability, I was qualified to perform the essential functions of my job, with or without reasonable accommodation. The following is a non-exhaustive list of the disability discrimination, disability harassment, and retaliation I was subjected to: On or about April 9, 2023, I was granted permission to seek treatment at a facility to address a severe flare-up of my disability. My employer initially approved this request, leading me to believe they had my best interests at heart. However, what unfolded proved otherwise. On or about April 11, 2023, my employer delivered the unexpected news of my termination, citing "long-term success concerns" as the reason. It became evident that this decision was a form of retaliation and discrimination tied directly to my disability, as evidenced by the company's refusal to engage in the interactive process the moment my disability flared up. My employment was terminated during a period when my disability was causing significant challenges. My employer effectively denied my request for reasonable accommodation and therefore did not engage in the interactive process to determine the appropriate accommodation as required by the ADA. Thus, I have been discriminated against because of my disability and retaliated against in violation of the Americans with Disabilities Act, as amended and (775ILCS 5/) Illinois Human Rights Act. NOTARY – When necessary for State and Local Agency Requirements want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. swear or affirm that I have read the above charge and that it is true to I declare under penalty of perjury that the above is true and correct. the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE 10 / 04 / 2023 (month, day, year)

Date

Charging Party Signature